GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency





INFORMATION FORM — LETTER OF SUPPORT ("LS")							
ТО):	Cory Chandler, General Counsel, Office of the General Counsel					
FROM:			DATE:		/	/2018	
SUBJECT:			•				
I.	WHO AT CFS Name:	SA COULD PROVIDE DETAILED INFORMATION I Email: Desk Phone: Cell:	FOR THE	LS:			
II.	IS THIS THE	FIRST LS FOR ENTITY? (Check One): \square Yes \square I	No (attac	h a copy	y of	most recent LS)	
	III. ATTACH A DRAFT OF THE LS OR RESPOND TO THE QUESTIONS BELOW. (if a draft letter is provided, please make sure the draft contains the information responsive to the questions below or provide responses to the questions below in addition to the draft letter) IV. YOUR DETAILED RESPONSES TO THE QUESTIONS BELOW MAY BE INCLUDED IN THE LS. DESCRIBE:						
	The legal name of entity CFSA is supporting:						
	The name and title of the addressee of the LS:						
	The address of the entity:						
	The grant/funding number and program title:						
	If applicable, the particular statutes or regulations that drive the request for funding or the program:						
	The entity's mission:						
	How the entity's mission benefits child welfare:						
	CFSA's relationship to the entity:						
	The length of time CFSA has been working with the entity:						
	How the grant or program will heighten CFSA's services, generally speaking, such as family stabilization, reunification, foster care, adoption, and supportive community-based services that enhance the safety, permanence and well-being of abused, neglected, and at-risk children and their families in the District:						
	Specifically, I list anticipate	how the award of funding or the program will directly ed outcomes:	impact C	FSA pro	gran	n(s) or mission;	
		dge and understanding of the entity that affirms CFS. program, supervising staff):	A support	(e.g., fii	rstha	nd knowledge in	
	Any additiona	al info:					
٧.	OFFICE OF	GENERAL COUNSEL REMARKS:					